

**APPLICATION DATA SHEET**

**Application Information**

Application Number::	10/720,225
Filing Date::	11/25/2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	0
Number of Copies of CDs::	0
Sequence Submission::	N/A
Computer Readable Form (CRF)?::	N/A
Number of Copies of CRF::	0
Title::	IMPROVED CALL FAILURE RECORDING
Attorney Docket Number::	ALC 3099
Request for Early Publication?::	no
Suggested Drawing Figure::	Figure 2
Total Drawing Sheets::	3
Small Entity?::	no
Latin Name::	N/A
Variety Denomination Name::	N/A
Petition Included?::	no
Petition Type::	N/A
Licensed US Govt. Agency::	N/A
Contract or Grant Numbers::	N/A
Secrecy Order in Parent Appl.?::	no

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: Stewart  
Family Name:: McCormick  
City of Residence:: Stittsville  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street Mailing Address:: 43 Elm Crescent  
City of Mailing Address:: Stittsville  
State or Province of Mailing Address:: Ontario  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: K2S 1S8

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: David  
Family Name:: Ker  
City of Residence:: Brossard  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street Mailing Address:: 8290 Odile  
City of Mailing Address:: Brossard  
State or Province of Mailing Address:: Ontario  
Country of Mailing Address:: Quebec  
Postal or Zip Code of Mailing Address:: J4Y 2W7

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kulpreet  
Middle Name:: Singh  
Family Name:: Badial  
City of Residence:: Kanata  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street Mailing Address:: 61 Peikoff Crescent  
City of Mailing Address:: Kanata  
State or Province of Mailing Address:: Ontario  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: K2K 3K9

**Correspondence Information**

Correspondence Customer Number:: 76614  
Name:: Terry W. Kramer  
Street of Mailing Address:: Kramer & Amado, P.C.  
1725 Duke Street  
Suite 240  
City of Mailing Address:: Alexandria  
State or Province of Mailing Address:: VA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 22309  
Phone Number:: 703-519-9801  
Fax Number:: 703-519-9802  
E-mail address:: [terry@kramerip.com](mailto:terry@kramerip.com)

**Representative Information**

Representative Customer Number::	76614	
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**Assignee Information**

Assignee Name:: Alcatel  
Street of Mailing Address:: 54, rue La Boétie  
City of Mailing Address:: Paris  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: 75008